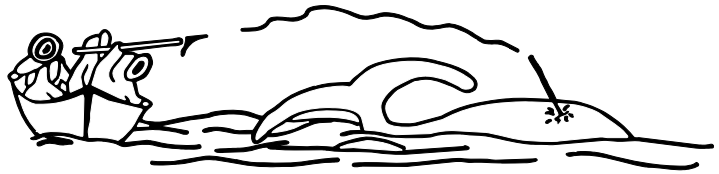




NOME ESKIMO COMMUNITY
 P.O. BOX 1090
 NOME, ALASKA 99762
 PHONE (907) 443-2246
 FAX (907) 443-3539



Welfare Assistance - Intake Questionnaire

Program Description: WA provides temporary financial assistance to meet the essential basic needs of eligible Alaska Native and American Indian residents of the Nome service area. *Alaska Natives enrolled to Council, King Island, and Solomon receive services from Kawerak, Inc.*

Applicant Name: _____ Telephone: _____

Address: _____ Date: _____

1. What federally recognized Tribe you are enrolled with? _____
2. Are you currently employed? Yes No If yes, where? _____ If no, explain why not: _____
3. Have you applied at Department of Public Assistance? Yes No
4. Have you receive ATAP/TANF in the last month? Yes No If yes, how much?: _____

5. Have you been denied or terminated from ATAP/TANF? Yes No If yes, list reason(s).__

6. Has your ATAP/TANF been reduced due to penalties? Yes No If yes, list reason(s): _____

7. Are you eligible to reapply for ATAP/TANF? Yes No If no, list reason(s): _____

8. Do you receive Social Security Insurance/Disability? Yes No If yes, how much? _____
9. Do you play bingo/pulltabs? Yes No

Completed Intake by:

Phone In-Person Faxed Applicant Completed Applicant Representative

If applicant had a representative (i.e. relative or friend) complete application, list the contact information for the representative: _____

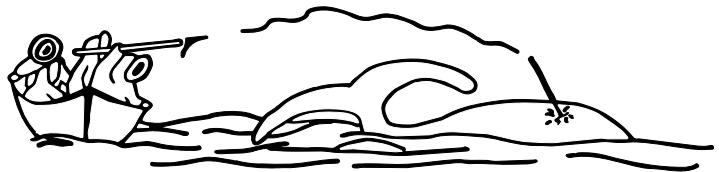
Tribal Services Staff Signature Date



NOME ESKIMO COMMUNITY

P.O. BOX 1090
NOME, ALASKA 99762

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WELFARE ASSISTANCE GUIDELINES

Purpose: To provide temporary financial assistance to eligible American Indian/Alaska Native for essential needs in the Nome Service Area.

Goal: To increase self-sufficiency using specific steps to increase Independency by meeting employment goals.

Eligibility Criteria

- 1) Enrolled with a federally recognized tribe.
 - a) tribal member of Nome Eskimo Community
 - b) tribal members enrolled with a tribe located outside of the Bering Straits Region may apply.
- 2) Not have sufficient resources to meet basic needs according to the State of Alaska Need and Payment Standards.
- 3) Apply concurrently for financial assistance from other state, tribal, local or Federal agency programs in which he/she is eligible:
 - a) Nome Public Assistance: APA (Adult Public Assistance), ATAP (Alaska Temporary Assistance Program), FS (Food Stamps), EAP (Energy Assistance Program).
 - b) Nome Community Center
 - c) Kawerak, Inc.
 - i) Job Data Bank
 - ii) Work Experience
 - iii) General Assistance
 - d) Employment Office
 - i) Unemployment Insurance Benefits
 - e) Tel Alaska phone for public assistance rate.
- 4) Not receive any comparable public assistance.

Develop and sign an employment strategy in the ISP with the assistance of the caseworker to meet goals of employment through specific action steps including job readiness and job search activities

WELFARE ASSISTANCE (WA) NOTIFICATION TO CLIENT

Before Nome Eskimo Community (NEC) can give social services help, it must get information about you and your family. The Act that authorizes NEC to provide such help and request the needed is the Act of Congress passed on November 2, 1921. It is published in Title 25 of the United States Code at Section 13, and is usually called the Snyder Act. The only information you need to give is what is necessary for NEC's WA Program to determine if you qualify for assistance. This is the main purpose for which the information will be used.

Under the Privacy Act, 5 U.S.C. 552(a), Section 7(a)(1)(2), the WA Program cannot give out the information you give the caseworker with the exception of other Federal, State, Tribal Offices and other programs who have some responsibility for providing the welfare services for which your are applying. The information can also be given to those agencies when you ask them for a job or for some other benefit, and for law enforcement purposes. This can be done without your written consent. For any other person or program wanting information from your case record file, you must first give your written consent. You have a right to know what information is inaccurate, ask your caseworker about how to change the information in the case record.

When you file an application for the WA Program, you have a right to a written decision within 30 days. In some cases it may take 45 days. If you disagree with the decision, you may have a review of the decision by seeing your caseworker or their supervisor. You also may file an appeal and have a hearing. The policy for welfare services is in Title 24 of the Code of Federal Regulations at Part 20 and in Part 66 of the Bureau of Indian Affairs manual.

The amount of grant assistance you may receive is based on state standards of public assistance, less your income and resources. The information you give must be accurate, if your circumstances change, you must report this to the NEC WA Program Office. In this way, the WA Program can give you the proper assistance you are eligible to receive.

WITHIN THE LIMITS OF AUTHORITY, THE WA PROGRAM WANTS TO HELP YOU. ASK YOUR CASEWORKER TO MORE FULLY EXPLAIN ANY OF THE INFORMATION. IF YOU GIVE INACCURATE INFORMATION AND RECEIVE ASSISTANCE TO WHICH YOU ARE NOT ENTITLED, YOU MUST PAY IT BACK.

The Federal law concerning fraud states: "whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes or uses any false writing documents, knowing the same to contain any false fictitious or fraudulent statements or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both.

Nome Eskimo Community
Application for Tribal Services Assistance
*****INCOMPLETE APPLICATION WILL NOT BE PROCESSED*****

DATE OF APPLICATION: _____

1. What service or assistance are you applying for?

Higher Education/Vocational Training – supplemental funds to assist eligible applicants.
 Direct Employment – one-time assistance with transitional costs to obtain and/or retain employment.
 Welfare – assistance with shelter, utilities, food or clothing when insufficient resources are available.
 Other (PLEASE LIST): _____

2. CONTACT INFORMATION

Home Phone #: _____ Daytime Phone #: _____

Mailing Address: _____

Physical Address: _____ E-mail: _____

3. HOUSEHOLD INFORMATION

Full Legal Name	Social Security Number	Date of Birth			Age	Relation to Applicant	Enrolled with which Tribal	Grades Complete
1.						SELF		
2.								
3.								
4.								
5.								
6.								
7.								
8.								

4. Are you a veteran? Yes No If yes, date of discharge: ____/____/____

5. Are you registered with selective service? Yes No

6. Where do you live now? Own Home Rent House or Apartment Rent Room

With Relatives With Friend Other (please explain): _____

Rent or Mortgage				
Utilities (electricity, water, sewer, garbage)				
Heating (household fuel, oil)				
Food				
Telephone				
Propane				
Transportation (for work)				
Household cleaning supplies/personal hygiene				
Clothing				
Other (child care)				
Other-				
Other-				
TOTAL MONTHLY EXPENSE				

8. List each household member's expenses he/she is responsible for paying. Blank rows are provided if any household member has expenses not listed so the information may be listed for the review in this assistance application.

9. List account information and availability of funds, use the back page if more space is needed:

Name of Bank or Financial Institution	Type of Account	Balance Available	Name(s) on Account
	Checking Savings Other		
	Checking Savings Other		

10. **READ BEFORE SIGNING:** I (We) apply for financial assistance for services for the listed members of my (our) household who are in need. I (We) have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud. The Federal law concerning fraud states: "whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes or uses any false writing documents, knowing the same to contain any false fictitious or fraudulent statements or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both. I (We) agree to supply information regarding resources and income and to notify the agency of any charges in my (our) situation. NEC Tribal Services is authorized to obtain information necessary to establish eligibility for assistance.

Applicants Signature

Date

Co-Applicants Signature Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NEC Tribal Services Program to provide services according to my application or case plan. I understand that copies of this authorization will be valid for one year after the signature date.

Printed Name

Social Security Number

Signature

Date

EMPLOYMENT & INCOME VERIFICATION

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

Employer Organization Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Applicant's Job Title: _____

Please Complete and Return to:
NOME ESKIMO COMMUNITY
 Tribal Services Program
 P.O. Box 1090
 Nome, AK 99762
 Phone: (907) 443-9120 Fax: (907) 443-9144

Date of Hire: _____ Date of first check: _____ Amount of first check: _____

Hourly Salary: _____ Hours Per Week: _____ Pay Schedule: _____

Annual Gross Income: _____ Annual Net Income: _____

Monthly Gross Income: _____ Monthly Net Income: _____

Please indicate applicant's employment status:
 Temporary – Full-time through (date) _____ Temporary – Part-time through (date) _____
 Seasonal through (date) _____
 Regular – Full-time Regular – Part-time Other: _____

Please describe the applicant's work schedule: _____

Has the employee been terminated? Yes No If yes, give reason. _____

Has the employee received their final paycheck? Yes No

Total NET income received from their final paycheck: \$ _____ Date of Final Pay: _____

Signature of Supervisor or Employer

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NEC Tribal Services Program to provide services according to my application or case plan. I understand that copies of this authorization will be valid for one year after the signature date.

Printed Name

Social Security Number

Signature

Date

LANDLORD VERIFICATION

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

TENANTS RENTAL ADDRESS:

Name on lease: _____

Street address/apt #: _____

City: _____ State: _____ Zip: _____

Please Complete and Return to:

NOME ESKIMO COMMUNITY
Tribal Services Program
P.O. Box 1090
Nome, AK 99762

Phone: (907) 443-9120 Fax: (907) 443-9144

When did or can the tenant move into the apartment? _____

Deposit Amount: \$ _____ Monthly Rent Amount: \$ _____ Due Date: _____

Date payment made: _____ Amount paid: \$ _____ Amount due: \$ _____ For what month? _____

Does rent include Fuel? _____ Does rent include Electric? _____

LANDLORD/PAYMENT ADDRESS:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Signature of Landlord or Rental Office

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NEC Tribal Services Program to provide services according to my application or case plan. I understand that copies of this authorization will be valid for one year after the signature date.

Printed Name _____
Social Security Number

Signature _____
Date

DEPARTMENT OF PUBLIC ASSISTANCE

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

Is the applicant eligible to apply for ATAP/TANF? Yes No

Has the applicant applied for ATAP/TANF? Yes No

Has the applicant received any ATAP/TANF in the past month? Yes No
If yes, how much did they receive? _____

Will the applicant receive the same amount? Yes No
If no, what is the amount? _____

Has the applicant's ATAP/TANF been reduced due to penalties? Yes No If yes, list reason(s)

Has the applicant been terminated from ATAP/TANF? Yes No If yes, list reason(s)

Has the applicant been denied ATAP/TANF? Yes No If yes, list reason(s)

Is the applicant eligible to reapply for ATAP/TANF? Yes No If no, list reason(s) _____

Has the applicant applied for food stamps? Yes No If yes; how much will/do they receive? _____

Has the applicant applied for General Assistance? Yes No If yes, how much will/did they receive? _____

Print name of DPA case worker _____
Signature of DPA case worker _____
Date

Please Complete and Return to:

NOME ESKIMO COMMUNITY
Tribal Services Program
P.O. Box 1090, Nome, AK 99762
Any questions call,
(907) 443-9120 or Fax: (907) 443-9144



NOME ESKIMO COMMUNITY
 TRIBAL SERVICES PROGRAM
 P.O. BOX 1090
 NOME, AK 99762
 PHONE (907) 443-9110
 FAX (907) 443-9144



WORK SEARCH ACTIVITY SHEET

Applicant: Must apply for a minimum of (3) three jobs as required to be considered eligible for services.

Employer: Please complete the form below for the applicant who is pursuing employment with your organization or business

Work Search #1 Date: _____ Job Title: _____

Employer or Business Name: _____

Submitted a Complete Application	Yes	No	Was Applicant Offered Employment	Yes	No	
Submitted a Resume		Yes	No	Did Applicant Accept Employment	Yes	No
Was Applicant Interview for a Job	Yes	No	Did Applicant Refuse Employment	Yes	No	

 Employer/Supervisor Signature

 Employer/Supervisor printed Name

Comments: _____

Work Search #2 Date: _____ Job Title: _____

Employer or Business Name: _____

Submitted a Complete Application	Yes	No	Was Applicant Offered Employment	Yes	No	
Submitted a Resume		Yes	No	Did Applicant Accept Employment	Yes	No
Was Applicant Interview for a Job	Yes	No	Did Applicant Refuse Employment	Yes	No	

 Employer/Supervisor Signature

 Employer/Supervisor printed Name

Comments: _____

Work Search #3 Date: _____ Job Title: _____

Employer or Business Name: _____

Submitted a Complete Application	Yes	No	Was Applicant Offered Employment	Yes	No	
Submitted a Resume		Yes	No	Did Applicant Accept Employment	Yes	No
Was Applicant Interview for a Job	Yes	No	Did Applicant Refuse Employment	Yes	No	

 Employer/Supervisor Signature

 Employer/Supervisor printed Name

Comments: _____



NOME ESKIMO COMMUNITY

PO. BOX 1090
NOME, ALASKA 99762

PHONE (907) 443-2246
FAX (907) 443-3539



VOUCHER SYSTEM

The Nome Eskimo Community Tribal Services Program does not make direct payments to eligible clients. It is designed to meet the client's *basic essential living needs*.

How to Use Your Voucher

NEC will deliver your letter of notification to A.C. Co., before you start shopping you must go to the manager's booth and let them know that you would like to shop on your NEC Voucher and present some form of identification. Once you have completed your shopping, the amount you have purchased is entered on the voucher and you need to sign to verify the amount.

The store is informed of the amount you have been approved for and know that if you go over the voucher amount that it's your responsibility to pay the difference. Vouchers expire 30 days after it is issued to the store. Please try to spend out as close to the approved amount as you can.

Approved Shopping List: Food, Clothing, Propane/Blazo, Heating Oil, Soap, Toilet Paper/Paper Towels, Diapers, Household Cleaning Items, Personal Hygiene Products

Approved On a Case-By-Case Basis: Gas, Motor Oil, Ammunition, Fishing Rod/Reel/Hooks/Line

Voucher May Not Be Used for the Following Items:

Alcohol or tobacco products, cosmetics, hair spray, hair coloring, home perms, cat or dog food, sun glasses, gift wrap, ribbons & bows, electric devices for example: stereos, radios, vacuum cleaners, TV, cologne, toys, flowers, plants or potting soil.

If you have any questions or problems please call the Tribal Services Program at 443-9120.

Thank you for participating in our voucher program.

PAYMENT REQUEST FORM

IMPORTANT: Nome Eskimo Community Welfare Assistance (WA) Program DOES NOT make direct payments to clients. Please complete the following form, only checking where you would like direct payments and/or a voucher to be sent for the current month. You will be required to provide proof of a rental agreement or receipt and copies of current monthly bills.

Applicant Name: _____ Month applying for _____

<p>Would you like NEC WA Program to make a direct payment to the Bering Straits Regional Housing Authority for your monthly house/rent payment? Yes No</p> <p>Amount: \$ _____</p>	<p>Would you like NEC WA Program to make a direct payment to Alaska Housing Finance Corporation? Yes No</p> <p>Amount: \$ _____</p>
<p>Would you like NEC WA Program to make a direct payment to your landlord?</p> <p>Yes No Amount: \$ _____</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ City, State Zip</p> <p>Phone Number: _____ Fax Number: _____</p>	<p>Would you like NEC WA Program to pay your monthly utility bill? <u>If yes, please include your current bill along with your request for payment.</u></p> <p>Yes No Amount: \$ _____</p> <p>Name on Account: _____</p> <p>Account #: _____</p>
<p>Would you like NEC WA Program to make a payment for home heating fuel/propane? Yes No Amount: \$ _____</p> <p>If yes which fuel company?</p> <p>Bonanza Fuel Crowley Marine Services Alaska Cab Garage</p> <p>Account#: _____</p>	<p>Would you like a Food Voucher for Alaska Commercial Company? YES NO</p> <p>Direct Payment will be made to Alaska Commercial Company in Nome for the month you are approved to received WA.</p>

INDIVIDUAL SELF-SUFFICIENCY PLAN

Applicant Name:

Date of Plan:

I understand the purpose of this Individual Self-Sufficiency Plan (ISP) is to meet the goal of employment through specific action steps. I understand that I am required to follow the steps developed in this ISP and I must participate in activities developed in the plan that will promote my self-sufficiency. I understand that failure to do so may constitute suspension from the Tribal Services Program for a period of 60 days, but not more than 90 days. I also understand that if there are any changes to be made that I will contact my Caseworker in a timely manner to ensure my success.

GOALS FOR SELF-SUFFICIENCY

What is your short-term employment goal to be self-sufficient?

What is your long-term employment goal to be self-sufficient?

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

Work Activities

- Job Search
- Employment: full-time or part-time
- Volunteer Work Experience
- Job Sampling or Job Shadow
- On-the-Job Training
- Job Readiness

Education/Training

- High School Diploma
- GED
- ESL (English as a 2nd Language)
- Adult Vocational Training
- Literacy Improvement
- Employment Counseling

Other Activities

- Life Skills Instruction
- Parenting Workshop
- Child Care Assistance
- Child Support
- Assessment
- Treatment

SELF-SUFFICIENCY ACTIVITY PLAN FOR GOALS

START DATE	ACTIVITY	PERSON RESPONSIBLE	ACHIEVEMENT DATE

Re-Determination of Eligibility Review Date:

Signature of Applicant

Date

Case Worker Signature

Date